

Restaurant Restroom Cleaning Checklist

Cleaning

DATE ____/____/____	CLEANED BY	TIME OF CLEAN
------------------------	------------	---------------

TOILETS & URINALS

- | | |
|---|--|
| <input type="checkbox"/> Bowls scrubbed inside and rim | <input type="checkbox"/> Flush handles disinfected |
| <input type="checkbox"/> Seats and lids wiped and sanitised | <input type="checkbox"/> No blockages or slow drainage |
| <input type="checkbox"/> Urinals flushed and cleaned | <input type="checkbox"/> Sanitary bins emptied (if applicable) |

SINKS & MIRRORS

- | | |
|--|--|
| <input type="checkbox"/> Sinks scrubbed and rinsed | <input type="checkbox"/> Mirrors cleaned streak-free |
| <input type="checkbox"/> Taps wiped and polished | <input type="checkbox"/> Countertop wiped and dry |

SUPPLIES RESTOCKED

- | | |
|---|---|
| <input type="checkbox"/> Toilet paper dispensers full | <input type="checkbox"/> Paper towels or hand dryer working |
| <input type="checkbox"/> Hand soap dispensers full | <input type="checkbox"/> Air freshener functioning |

SURFACES & FIXTURES

- | | |
|--|--|
| <input type="checkbox"/> Door handles wiped (inside and out) | <input type="checkbox"/> Partition walls spot-cleaned |
| <input type="checkbox"/> Light switches wiped | <input type="checkbox"/> Coat hooks and grab rails wiped |

FLOOR & WASTE

- | | |
|---|--|
| <input type="checkbox"/> Floor swept and mopped | <input type="checkbox"/> General waste bin emptied and relined |
| <input type="checkbox"/> Corners and base of toilet cleaned | <input type="checkbox"/> Wet floor sign placed until dry |

SIGN-OFF

Issues to report _____

Initials _____

Notes

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